THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

Beyond 1984:

Needs, Priorities and Structures for a Continuing Response

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NEEDS, PRIORITIES AND STRUCTURES FOR A CONTINUING RESPONSE

Proposal Outline

I. Developing a Response in Metropolitan Toronto

In October 1981, the Metropolitan Chairman, Paul Godfrey, formally convened a Special Committee on Child Abuse to coordinate community-wide action to improve detection, reporting, investigation and treatment of abusing families. Since that time, the focus of activity has been the development of a coordinated approach to combat the sexual abuse of children.

Membership on the Special Committee includes senior representatives of the major systems responsible for responding to child abuse, and includes police, child welfare, education, health, legal and judicial representatives. The two-year project, initially jointly funded by Metropolitan Toronto Council and the Ontario Ministry of Community and Social Services, was extended to the end of 1984. Additional project funding has also been received from other public and private sources bringing the 1984 budget to $487,900.00.

The activities of the Special Committee are carried out through various working committees. At the present time, several hundred professionals and volunteers are involved in some aspect of the work. Staff includes a coordinator, two program staff, two assistants and two secretaries.

II. The Problem

The sexual abuse of children is a social problem of alarming proportions. Reliable estimates suggest that 20 to 31 percent of girls and 10 to 20 percent

of boys will be sexually abused by an older person before the age of 18.[1] The vast majority of these children will be abused by someone they know, most often beginning between the ages of five and nine and continuing over a period of years. It is generally believed that only 10 to 20 percent of these abuses come to official attention.

Child victims who are identified have often been subjected to further trauma as a result of any of the following critical problems:

- acceptance of the pervasive myth that children may lie or fantasize about sexual abuse, which can impede reporting and/or appropriate investigation;

- lack of co-ordinated response which may mean multiple interviews of the child by representatives of different systems, e.g. public health nurses, school officials, child welfare workers, police officers, doctors, lawyers, court officials, etc.;

- disagreement as to whether child sexual abuse should be viewed as a family problem or criminal concern which impedes effective collaborative intervention by the child welfare and criminal justice systems;

- reluctance to lodge criminal charges against alleged offenders due, among other factors, to the perceived 'unreliability' of child witnesses;

- removal of children from their homes into the care of a Children's Aid Society which, too often, becomes the only way to protect a child if no action is taken against the offender; and

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1) These general estimates are drawn from the results of six surveys, conducted between 1940 and 1983 including C. Landis (1940), A Kinsey (1953), J. Landis (1956), J. Gagnon (1965), D. Finkelhor (1978) and Russell (1983). Their findings are also supported by the experiences of many established programs, including the Harborview Sexual Assault Center in Seattle, Washington and the Child Sexual Abuse Treatment Program in San Jose, California which, together, have treated over 10,000 sexually abused children in the past decade. Informal surveys in Canada suggest a similar incidence.

- with few notable exceptions, a critical shortage of trained personnel and specialized treatment or support services for child victims, offenders and their families.

A 1981-82 review of response to child sexual abuse in Metropolitan Toronto confirmed that legal intervention did not occur in the majority of reported cases.[2] Only 26 percent of the sample cases resulted in protection proceedings under the Child Welfare Act and approximately 45 percent resulted in charges under the Criminal Code. The normal response was to offer services on a voluntary basis due to concerns regarding credibility of the child victims, problems with corroboration of evidence, the desire of the family not to proceed or an undertaking by the offender to pursue treatment.

A growing body of experience suggests, however, that without combined social and legal intervention, efforts to improve detection and ultimately to reduce the incidence of child sexual abuse are unlikely to succeed.

III. Accomplishments to Date

The Special Committee has concentrated its efforts in three broad areas which, together, support the evolution of a comprehensive approach to helping child victims and their families. Each area of activity is designed to respond to the needs of children as they move through the various systems from the point of detection, through the child welfare and criminal investigations, into crisis support and treatment, and, finally, toward prevention. Public and professional training is integrated throughout all initiatives.

Perhaps the most significant measure of the impact of the Special Committee and its activities is the fact that reports of child sexual abuse have at least tripled since 1981. Further documentation to support this estimate is now being compiled.

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2) Marion E. Lane, The Legal Response to Sexual Abuse of Children. Toronto: The Metropolitan Chairman's Special Committee on Child Abuse, October 1982.

All activities of the Special Committee have been designed to promote a multi-disciplinary, coordinated response to child sexual abuse. The major accomplishments to date may be highlighted as follows:

A. Prevention/Detection Initiatives

1. Development of a Preventive Education Program for children in Kindergarten to Grade VI using live theatre and classroom resource materials. Program components include community preparation/orientation; a live theatrical production; and the Child Abuse Prevention Kit.

2. Since implementation in 1983, 16,900 children, 2,900 parents and 950 teachers in 36 schools have participated. All school boards in Metro are actively involved.

3. Since 1983, provision of over 230 hours of orientation and training to prepare parents, school staff and local professionals for the Preventive Education Program.

4. Development, testing and production of the Child Abuse Prevention Kit which includes a music tape of songs from the play, study cards, puppets, posters and a teaching guide.

5. Completion of an independent evaluation which documents the positive impact of the program and charts significant attitudinal change on the part of all involved.

B. Investigation/Case Management

1. Publication of background report in 1982 documenting existing legal response to child sexual abuse within the child welfare and criminal justice systems.

2. Development of the Child Sexual Abuse Protocol, a series of guidelines and procedures to support collaborative investigation and management of child sexual abuse cases.

3. Sponsorship of a three-day training session in November 1983 for nearly 200 specialists with responsibility for implementing the Protocol from the Children's Aid Societies, the Police, the Crown Attorney's Office and Adult and Juvenile Corrections.

4. Sponsorship of a follow-up session in June 1984 on the Protocol for additional crown attorneys, Children's Aid Societies' lawyers and lawyers representing children.

5. On-going support to a Metro-wide group and five local implementation groups which meet regularly to address issues arising through Protocol implementation. Publication of a newsletter to circulate news of issues, precedents and events of interest to specialists.

6. Preparation to commence formal monitoring of the Protocol implementation process to be carried out between July and September 1984, by independent consultants.

7. Initiatives to extend provisions of the Protocol to other target groups including the Boards of Education, the Courts, defense counsel, and medical, health and treatment services.

C. Crisis Support/Treatment Resource Development

1. Creation of crisis support groups, led by volunteer community professionals, for pre-adolescent girls, pre-adolescent boys, adolescent girls, non-offending mothers and male offenders. In 1983, 93 clients were served in three groups. As of May 1984, over 200 referrals had been received since the beginning of the year. The projection for 1984 is thus, over 450 in five groups.

2. Sponsorship of a seven month training program in 1982 for women molested as children who wished to act as resource people in the crisis support groups.

3. Development of a group leadership recruitment program designed to "seed" expertise back into community treatment agencies through the use of an "internship" component within the program.

4. Development of a self-help work group for group member graduates who want to remain involved through special projects and "sponsorship" of new members.

5. Sponsorship of a Treatment Resource Network linking over 100 practitioners in various settings and designed to promote collaboration and mutual support.

6. Publication of a Treatment Resource Directory containing 44 listings of services within Metro Toronto. On-going consultation with child welfare workers and other professionals regarding referrals for treatment and inter-face issues between social and legal concerns.

D. General Program Development/Coordination/Promotion

1. In 1982, sponsorship of two multi-disciplinary team visits to California and Washington State for two-week training institutes.

2. Production of a half-hour television program in 1982-3 for Global Television and consultation in 1983-4 with Mirus Films in the production of a 25 minute film, "Finding Out: Incest and Family Sexual Abuse".

3. Preparation and distribution of numerous reports and educational materials and, in 1983, response to approximately 50 community and professional requests for lectures/workshops.

4. Liaison with numerous provincial and national contacts. Presentations in Peel County, Niagara Falls, London, Woodstock, York Region, Dufferin County, Temiskaming, Hamilton, Orillia, Halton County, Sault Ste. Marie and Montreal. Also hosting of visits from representatives of a number of communities to observe and participate in the various programs of the Special Committee.

IV. Outstanding Needs

Judging from the levels of activity and the number of requests for information and assistance received by the Special Committee, it is clear that a pressing community need is being addressed. It is equally clear, however, that a problem of this scope cannot be solved through short-term efforts alone. If the potential for community action and assistance to child victims is to be met, the Special Committee must now evolve into a permanent body with a stable organizational and financial base from which to operate.

This recommendation is not made lightly and without serious consideration of a variety of options. However, just as it is unrealistic to expect one system to respond to this problem alone, it is also improbable that any of the developing collaborative initiatives would survive under the sponsorship of a single system. Each initiative is interdependent upon the others and relies upon the cooperation of all participants. Accordingly, it is critical that a neutral body, capable of incorporating and mobilizing a "cross-systems" perspective, be created. This development would support the continuation of the extremely promising efforts already underway and new initiatives in other areas. For example, consideration should be given as to how the results of the work regarding sexual abuse can be used to support activities related to other forms of child abuse and neglect.

At minimum, over the next one to three years, the following needs and concerns must be addressed in order to maintain the progress made to date and respond to increasing demands for service:

- The Preventive Education Program should be extended in scope, e.g. other settings, languages, age groups, and made available throughout Metro Toronto, as well as throughout the province and elsewhere.

- The Child Abuse Prevention Kit should be adapted for use with or without the live theatrical component, e.g. through addition of a storybook, video or film.

- Monitoring and refinement of the Child Sexual Abuse Protocol must

continue with on-going efforts to extend to other target systems and review for possible adaptation to include other forms of abuse.

- Local inter-disciplinary training and coordination in protocol-related issues must continue, e.g. collaborative philosophy, techniques of coordinated intervention.

- Mechanisms to support child victims through the legal process should be formalized to ensure preparation and promote continuing child welfare and criminal justice coordination.

- The Crisis Support Group Program must be stabilized and extended to ensure that, at minimum, all victims, offenders and their families have access to service immediately following disclosure.

- Efforts must continue to develop and strengthen a self-help program for group member graduates who are able to offer practical peer-support to new families.

- Further development of long-term treatment resources will require immediate and intensive effort on a coordinated, community-wide basis.

- A research component must be added to support the developing body of knowledge now emerging through the existing cross-systems' activities, as well as to contribute to information regarding treatment and support of children, offenders and their families.

- Included in the above must be the creation of a local repository of information regarding new programs, research, legal precedents and other initiatives to respond to a rapidly growing and evolving field.

- A capacity to respond to increasing requests for professional consultation, public education and multi-disciplinary training should be supported through adequate staffing and creation of a "cross-systems" speakers' bureau and newsletter.

- Finally, priority must be given to liaison with existing and developing programs throughout Ontario and across Canada, including an ability to respond to invitations from other communities and to requests for "on-site" visits, perhaps through offering a periodic experiential training institute.

V. Proposed Organization

It is clear from discussions to date that there is a general expectation among and within the many organizations which have been part of the Special Committee's initiatives that "the work will continue". Consultation with the major systems also confirms that there is a general desire that the work proceed under the umbrella of an organization that is independent of any of the key mandated systems. This is critical if the multi-disciplinary, child-focussed efforts are to be maintained and if new, broader initiatives are to be launched.

It is proposed therefore that a Metro-wide organization be created to assume the mandate of the Special Committee which terminates at the end of 1984. Accordingly, this organization would assume the objective of reducing the incidence of child abuse in Metropolitan Toronto through coordinated action to improve detection, reporting, investigation and treatment.

Operating under a voluntary Board of Directors as a non-profit, charitable organization, core operating funds would be requested from Metropolitan Council, supplemented by program funding from other government levels and private sources. Publication, training activities and aspects of the Preventive Education Program would be offered on a cost-recovery basis.

Since the current staffing level of five permanent and two temporary positions is grossly inadequate to meet even current demands, it will be necessary to increase staff in order to accommodate anticipated increases in program and administrative needs.

A possible organizational structure could be developed along the following lines:

Board of Directors (representation to be (similar to that of the (Special Committee

Board Committees

Executive Director*

Fund-Raising/ Public Education | Program* Secretary | Payroll/ Accounting*

Preventive Education*** | Support Services Development* | Community Coordination /Protocol Development* | Research/ Training

Staffing:

Core Staff:	8 positions*	(includes existing position of three program administrators, two secretaries and two program assistants, plus additional payroll/accounting position)
Additional Requirements:	(subject to approval of sufficient funds beyond core budget)	
	10 positions	(one preventive education, five support services development, three research/training, one fund-raising/public education).

VI. Preliminary Budget Estimate (1985)

At this time, many of the items listed below are estimates only. All, of course, are subject to approval by a range of funding sources. They are presented here as a preliminary step toward development of a full budget.

I. Projected Expenditures

A. Administration

1.	Salaries (four positions)	$117,000
2.	Benefits	17,550
3.	Rent/Utilities	30,000
4.	Consultant Fees (Legal/Financial)	40,000
5.	Telephone	4,000
6	Equipment Rental/Purchase	18,600
7.	Office Materials/Supplies/Furnishings	25,000
8.	Mileage/Transportation	4,800
9.	Conventions/Travel	6,000
10.	Courses/Seminars	1,000
11.	Printing/Publications	5,000
12.	Postage	3,000
		$271,950

B. Prevention Program

1.	Salaries (four positions)	$106,000
2.	Benefits	15,900
3.	Theatrical Component (Metro)	(88,000)
4.	Resource Kits (Metro)	(50,000)
5.	Orientation Materials	12,000
		$271,900

C. Community Coordination/Protocol Development

1.	Salaries (one position)	$ 26,000	
2.	Benefits	3,900	
3.	Meeting Expenses/Materials	2,000	
			$31,900

D. Support Services Development

1.	Salaries (six positions)	$161,000	
2.	Benefits	24,150	
3.	Materials/Supplies	8,000	
4.	Meeting Expenses	2,000	
			$195,150

E. Research/Training

1.	Salaries (three positions)	$ 79,000	
2.	Benefits	11,850	
3.	Books/Periodicals	500	
4.	Research/Training Expenses	10,000	
			$101,350
	TOTAL		$872,250

II. Possible Sources of Income

Metropolitan Council	$250,000	
Ontario Centre for the Prevention of Child Abuse	125,000	
National Health and Welfare	200,000	
Cost-Recovery (publications, play, kit)	146,000	
Private Sector	151,250	
TOTAL		$872,250

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